09568

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

## CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 yrs.
Hospital, institution, or street address where death occurred:
559 E. Church St.
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 559 E. Church St.,
(If rural, give LOCATION)
2.(a) If veteran, name war: none

**3.(a) FULL NAME:** Mrs. Jenetta Frances Angleberger

**3.(b) Social Security Number:** none

| 4. Sex | 5. Color or race | 6.(a) single, married, widowed, or divorced |
|---|---|---|
| female | white | widowed |

6.(b) Name of husband or wife: Milton H. Angleberger
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Dec. 24, 1859

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 80 | 9 | 22 | hrs. min. |

9. Birthplace: Nr. Bethel, Frederick, Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: At home

FATHER
12. Name: George Stull,
13. Birthplace: Frederick, Co., Md.

MOTHER
14. Maiden name: Mary S. Straffer,
15. Birthplace: Frederick, Co., Md.

16. Informant: Miss. Daisey E. Angleberger
Address: 559 E. Church St., Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9 / 19 / 40 (month) (day) (year)
Cemetery or crematory: Mt. Olivet Cemetery
Location: Frederick, Maryland.

18. Funeral director: M. R. Etchison & Son,
Address: Frederick, Md.

19. 18-Sept 1940 (Date rec'd by registrar) Dra J. McSherry Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: September 16th., 1940, at 2.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 6 1939 to Sept 16th 1940
and that I last saw her alive on Sept 13th 1940

| Immediate cause of death | DURATION |
|---|---|
| Cerebral Hemorrage | 6 weeks |
| Arterio Sclerosis | 6 yrs |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Frank H Hedges M. D. or other
Address: Frederick, Md. Date signed: 9/17/40

RECEIVED
OCT 5 1940
BUREAU V. S.

09569

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

## CERTIFICATE OF DEATH

Reg. Dist. No. 132

**1. PLACE OF DEATH:**

County Frederick

City or town Burkittsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Md. County Frederick

City or town Burkittsville
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war —

**3. (a) FULL NAME** Nellie M. Barger

**3. (b) Social Security Number** —

4. Sex F

5. Color or race W

6.(a) Single, married, widowed, or divorced —

6.(b) Name of husband or wife J. Fred Barger

6.(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 1882 Aug. 5.

**8. AGE:** Years 58 Months 1 Days 9 If less than one day ..... hrs. ..... min.

9. Birthplace Burkittsville Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Whipp
13. Birthplace Burkittsville, Md.

MOTHER
14. Maiden name Emma E. Bowlus
15. Birthplace Burkittsville, Md.

16. Informant Russel J. Barker
Address Burkittsville Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Sept 17 40
(month) (day) (year)

Cemetery or crematory Union Cemetery

Location Burkittsville, Md.

18. Funeral director Gladhill Company
Address Middletown, Md.

19. Sept. 17 1940 D. Grayson Sanner
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1940, at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Never attended 19 to 19

and that I last saw h alive on Dead when seen 19

| | DURATION |
|---|---|
| Immediate cause of death: Probably Coronary | 9/14 |
| Occlusion | 10 mi |
| Due to: arteriosclerosis & hypertension | 10 yrs |
| Due to: Chronic Myocarditis | 5 yrs (?) |
| Other conditions — | |

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE C. L. Brice
M. D. or other

Address Jefferson Md Date signed 9/16/40

VS A15 (I) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

09570

# CERTIFICATE OF DEATH

Reg. Dist. No. 13 4

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

**1. PLACE OF DEATH:**

County: Fredrick

City or town: Emmitsburg

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 8 years

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: Fredrick

City or town: Emmitsburg, Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

**3. (a) FULL NAME:** Alice Jane Bell

**3. (b) Social Security Number:** none

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| fm | white | widow |

6 (b) Name of husband or wife: John N. Bell

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September 28, 1866

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 73 | 11 | 27 | hrs. min. |

9. Birthplace: Adams Co, Pa.

(Town, county, and state)

10. Usual occupation: housewife

11. Industry or business

FATHER

12. Name: Jeremiah Overholtzer

13. Birthplace: Adams Co, Pa.

MOTHER

14. Maiden name: Bell Currens

15. Birthplace: Adams County Md

16. Informant: Mary E. Bell

Address: Emmitsburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 28, 1940 (month) (day) (year)

Cemetery or crematory: Mountain View

Location: Emmitsburg, Md.

18. Funeral director: S. L. Allison

Address: Emmitsburg, Md.

19. Sept 28 1940 (Date rec'd by registrar) W. F. Shuff Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 25 1940, at 11P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 9 1926 to Sept 25 1940

and that I last saw her alive on Sept 25 1940

| Immediate cause of death | DURATION |
|---|---|
| Uraemia | 4 days |
| Due to Cardio vascular renal disease | several years |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

20 operations:

20 autopsy:

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. R. Rodkey M D

M. D. or other

Address: Emmitsburg Md Date signed: 9-27-40

RECEIVED
OCT 2 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09571

Reg. Dist. No. 139

**1. PLACE OF DEATH:**

County: Frederick

City or town: Sanatorium. Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 4Mos 22 Days

Stay in this community (yrs., or mos., or days): 4Mos 22 Days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland. County: Balto.

City or town: Baltimore. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2513 Ashland Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME:** Gerard M Beran

**3. (b) Social Security Number:** 214-03-3175

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6 (b) Name of husband or wife: Dolores Beran

6(c) If alive, give age: 20 years

7. Birth date of deceased (mo., day, yr.): June 26 1915

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 25 | 3 | 4 | ____ hrs. ____ min. |

9. Birthplace: Baltimore. Md. (Town, county, and state)

10. Usual occupation: Foundry-Worker

11. Industry or business

FATHER

12. Name: James Beran.

13. Birthplace: Baltimore. Md.

MOTHER

14. Maiden name: Barbara Rey

15. Birthplace: Baltimore. Md.

16. Informant: Gerard M Beran.

Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 3, 1940 (month) (day) (year)

Cemetery or crematory: ~~Unknown~~ Balto. Cemetery

Location: Balto. Md.

18. Funeral director: ~~M.L.Creager~~ Charles F. Schimunek

Address: ~~Thurmont. Md.~~ 2603 E.Madison St. Balto.

19. 9/30/40 (Date rec'd by registrar) 19____ Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Sept. 30 1940 P.M. 12.50

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 8 1940 to Sept 30 1940, and that I last saw him alive on Sept 30 1940

| Immediate cause of death | DURATION |
|---|---|
| Pulmonary Tuberculosis | 5 Mos |
| Due to: Tubercle Bacilli | |
| Due to: | |
| Other conditions: | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ____ Injured at work?

23. SIGNATURE: John E. Goodfellow M.D. (M. D. or other)

Address: State Sanatorium, Md. Date signed: 9/30/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Authorization to change name of undertaker from C.E. Schimunek, who was in charge of the burial. 10-16-40 as

09572

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94C)

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

**1. PLACE OF DEATH:**

County Frederick

City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Seven yrs.

Hospital, institution, or street address where death occurred: 101 E. Church

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Frederick

City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 101 E. Church St.
(if rural, give LOCATION)

2.(a) If veteran, name war none

**3. (a) FULL NAME** Mrs. Mary Dunbar Brigstocke

**3. (b) Social Security Number** none

4. Sex: female

5. Color or race: white

6.(a) ~~Single, married~~, widowed, or ~~divorced~~: widow

6.(b) Name of husband ~~or wife~~ Mortimer K. Brigstocke

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 19, 1877

**8. AGE:** Years 63 | Months 4 | Days 2 | If less than one day ..... hrs. ..... min.

9. Birthplace Indianapolis, Indiana
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business At home

FATHER
12. Name William Dunbar,
13. Birthplace Glasglow, Scotland

MOTHER
14. Maiden name Elizabeth Davis,
15. Birthplace Indianapolis, Indiana

16. Informant Mrs. John A. G. Smith,
Address Frederick, Md.

17. Cremation (~~Burial~~, cremation, or ~~removal. Which?~~) Date thereof 9 / 23 / 40 (month) (day) (year)

~~Cemetery or~~ crematory Fort Lincoln,

Location Bladensburg, Md.

18. Funeral director M. R. Etchison & Son,
Address Frederick, Maryland

19. 23-Sept 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21st 1940, at 6 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 20th 1940, to Sept 21st 1940 and that I last saw him alive on Sept 20th 1940

Immediate cause of death ..... DURATION

Angina Pectoris

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE Robert S. Tyson M. D. or other

Address Frederick, Md. Date signed Sept 21/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 5 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-R)

09573

## CERTIFICATE OF DEATH

Reg. Dist. No. 132

**1. PLACE OF DEATH:**
County: Frederick
City or town: Middletown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Middletown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

**3.(a) FULL NAME** Elizabeth C. Brunner

**3.(b) Social Security Number** No

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | Colored | Widowed |

6.(b) Name of husband or wife: Joseph Brunner
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug. 1- 1852

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 88 | 9 | 20 | ..... hrs. ..... min. |

9. Birthplace: Burkittsville, Frederick County, Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: John Brown
13. Birthplace: Burkittsville, Md.
MOTHER 14. Maiden name: Unknown
15. Birthplace
16. Informant: Mrs. Florence Wilkerson
Address: Burkittsville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 24 1940 (month) (day) (year)
Cemetery or crematory: A.M.E. Church
Location: near Burkittsville, Md.
18. Funeral director: Gladhill Co.
Address: Middletown, Md.
19. Sept. 24 1940 (Date rec'd by registrar) D. Grayson Summers Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 21 1940 at 9:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 5 1940, to Sept 10 1940 and that I last saw her alive on Sept 18 1940

| | DURATION |
|---|---|
| Immediate cause of death | |
| Carcinoma of Uterus | Probably 2 yrs. |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: J. E. Harp MD M. D. or other
Address: Middletown Date signed: Sept 23 '40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 7 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (830)

09574

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

**1. PLACE OF DEATH:**
County Frederick
City or town Frederick (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: 9 West South Street
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick (If outside city or town limits, write RURAL and give nearest town)
Street No. 9 West South Street (If rural, give LOCATION)
2.(a) If veteran, name war None

**3.(a) FULL NAME** Charles Edward Burger

**3.(b) Social Security Number** None

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Nellie Irene Burger
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): March 4, 1861
8. AGE: Years 79 Months 6 Days 14 If less than one day ..... hrs. ..... min.
9. Birthplace: Frederick Frederick, Maryland (Town, county, and state)
10. Usual occupation: Retired Merchant
11. Industry or business:
FATHER 12. Name: Wm. Henry Burger
13. Birthplace: Hesse Castle, Germany
MOTHER 14. Maiden name: Anna Margaretha Dreher
15. Birthplace: Oldenburg, Germany
16. Informant: Lewis B. Burger
Address: Frederick, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 20, 1940 (month) (day) (year)
Cemetery or crematory: Mt. Olivet Cemetery
Location: Frederick, Maryland
18. Funeral director: C. E. Cline & Son
Address: E. Patrick St. Frederick, Md.
19. Sept 22 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 18 1940, at 7 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1 1940, to Sept. 18 1940 and that I last saw him alive on Sept. 17 1940

| | DURATION |
|---|---|
| Immediate cause of death: Cerebral Hemorrhage | 7 Days. |
| Due to: Arteriosclerosis. | |
| Due to: | |
| Other conditions: | |

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Wm. M. Smith M D (M. D. or other)
Address: Frederick, Md. Date signed: 9/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. W. M Smith

RECEIVED
OCT 5 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09575

(50)

Reg. Dist. No. 130

**1. PLACE OF DEATH:**

County: Frederick

City or town: Adamstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Adamstown
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

**3. (a) FULL NAME:** Mrs. Mary Bessie Compher

**3. (b) Social Security Number:** none

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| female | white | married |

6.(b) Name of husband or wife: Clarence E. Compher

6.(c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): Oct. 14, 1895

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 44 | 11 | 11 | hrs. min. |

9. Birthplace: Nr. Doub, Frederick, Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At home

FATHER — 12. Name: Frederick J. Stunkle,

FATHER — 13. Birthplace: Nr. Point of Rocks, Md.

MOTHER — 14. Maiden name: Pearl B. Fry,

MOTHER — 15. Birthplace: Nr. Lovettsville, Va.

16. Informant: Mr. Clarence E. Compher,

Address: Adamstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9 / 27 / 40 (month) (day) (year)

Cemetery or crematory: St. Pauls Cemetery,

Location: Point of Rocks, Md.

18. Funeral director: M. R. Etchison & Son,

Address: Frederick, Md.

19. Sept 25 1940 (Date received by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 25 1940, at 4A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1939, to Sept 25 1940

and that I last saw h.. alive on Sept 25 1940

| Immediate cause of death | DURATION |
|---|---|
| Myocardial decompensation | 1 Day |
| Cerebral edema | 7 Days |
| Due to: Generalized carcinomatosis | 9 mos |
| Due to: Carcinoma breast | 2 yrs. |
| Other conditions | — |
| | — |

(Include pregnancy within 3 months of death)

Major findings of operations: Carcinoma breast

Date of op.: April 1939

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE: R. Talbert Price, M. D. or other

Address: Jefferson Md Date signed: 9/25/40

RECEIVED
OCT 2 1940
BUREAU V. S.

09576

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 121

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

**1. PLACE OF DEATH:**

County Frederick

~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days.

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution? 2 days.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Frederick

~~City~~ or town Buckeystown Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. .....
(If rural, give LOCATION)

2.(a) If veteran, name war None

**3. (a) FULL NAME** Mrs. Nellie Cooper

**3. (b) Social Security Number** None

4. Sex: Female

5. Color or race: White

6.(a) ~~Single, married~~, widowed, ~~or divorced~~: Widowed

6.(b) Name of husband or ~~wife~~: Harry Cooper

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 20. 1903.

**8. AGE:** Years 37 | Months 1 | Days 25 | If less than one day ..... hrs. ..... min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Own home

FATHER
12. Name: George Harper
13. Birthplace: Va.

MOTHER
14. Maiden name: Sarah Fry
15. Birthplace: Va.

16. Informant: Miss Adelsberger Emergency
Address: Hospital Frederick, Md.

17. Burial (Burial, ~~cremation, or removal~~, which?) Date thereof 9/17/1940 (month) (day) (year)

Cemetery or crematory: Stemptown Cem.

Location: Lovettsville, Va.

18. Funeral director: Broem Bros.
Address: Lovettsville, Va.

19. 16-Sept 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15 1940, at 6 45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 13 1940 to Sept 15 1940 and that I last saw her alive on Sept. 15 1940

Immediate cause of death: Peritonitis — DURATION: 3 days

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE B O Thomas M. D. or other

Address Frederick, Md Date signed 9/15/40

VS A15 (I) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 5 1940
BUREAU V. S.

09577

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

**1. PLACE OF DEATH:**

County: Frederick

City or town: Graceham (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State: Md County: Fredk.

City or town: Graceham (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war: No

**3.(a) FULL NAME:** Charles Frederick Ezra Crawford

**3.(b) Social Security Number:** None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Lillie Grushon Crawford

6.(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Mch. 8th. 1864

8. AGE: Years 76 Months 5 Days 27 If less than one day ..... hrs. ..... min.

9. Birthplace: Taylorsville Carroll Co. MD (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: Farmer

FATHER
12. Name: Chas. Crawford
13. Birthplace: Md

MOTHER
14. Maiden name: Armanella Dell
15. Birthplace: Md

16. Informant: Mrs Louise Kelly
Address: Graceham. MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 8th. 40 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Graceham. Fredk Co. MD

18. Funeral director: M. L. Creager & Son.
Address: Thurmont. MD

19. Sept. 8 1940 (Date rec'd by registrar) Anna M. Jones Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 5th. 40 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 19th 1940 to Sept 5 1940 and that I last saw him alive on Sept 5th 1940

Immediate cause of death: Chronic Endocarditis — DURATION: 3 yrs

Due to: Focal Infection Rheumatism — 5 yrs

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Harris A. Birely MD M. D. or other

Address: Thurmont Md Date signed: 9/6-40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 3 1940
BUREAU V. S.

09578

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

**1. PLACE OF DEATH:**

County: Frederick

City or town: Rural Nr. Lewistown.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Md County: Frederick

City or town: Rural Nr. Lewistown
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: None

**3. (a) FULL NAME:** RACHAEL THOMAS DAVELER

**3. (b) Social Security Number:** None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: John S. Daveler

6.(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): Oct. 9th. 1890

**8. AGE:** Years 49 | Months 11 | Days 20 | If less than one day ... hrs. ... min.

9. Birthplace: Howardsville, Va
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business: Own Home

FATHER
12. Name: Robert Thomas
13. Birthplace: Howardsville Va

MOTHER
14. Maiden name: Nora Bowling
15. Birthplace: Howardsville Va.

16. Informant: John S. Daveler.
Address: Thurmont. Md. R.F.D

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Oct. 2nd. 40
(month) (day) (year)

Cemetery or crematory: Cemetery
Location: Utica. Fredk Co. MD

18. Funeral director: M. L. Creager & Son.
Address: Thurmont. MD

19. Oct. 1. 1940 Anna M. Jones
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 29th. 1940. at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 15 1940, to Sept 29 1940
and that I last saw her alive on Sept 29 1940

Immediate cause of death: Carcinoma breast left

DURATION

Due to

Due to

Other conditions: Metastasis to right lung
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: C. E. Easter Gay M.D. or other

Address: Walkersville, Md Date signed: Sept 30 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (I) (M)

RECEIVED
NOV 2 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-4)

09579

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County Frederick

City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
712 North Market Street

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Frederick

City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 712 North Market
(If rural, give LOCATION)

2.(a) If veteran, name war None

**3. (a) FULL NAME** John Luther Dutrow

**3. (b) Social Security Number** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6.(b) Name of ~~husband~~ or wife Mary D. Dutrow

6.(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1866

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 74 | 1 | 1 | ...hrs. ...min. |

9. Birthplace Charlesville Frederick, Maryland
(Town, county, and state)

10. Usual occupation Auctioneer

11. Industry or business

FATHER
12. Name James C. Dutrow
13. Birthplace Charlesville, Maryland

MOTHER
14. Maiden name Mary Catherine Brengle
15. Birthplace Charlesville Maryland

16. Informant Mrs. John L. Dutrow
Address Frederick, Md.

17. Burial Date thereof Sept. 20, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery ~~or crematory~~ Mt. Olivet

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address 8 E Patrick St. Frederick

19. Sept 19 40 Dora J. McCurdy
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1940, at 2 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 8 1940, to Sept 17 1940 and that I last saw ~~him~~ her alive on Sept 16 1940

| Immediate cause of death | DURATION |
|---|---|
| Carcinoma of Pancreas | 3 Mo. |
| Due to | |
| Due to | |
| Other conditions Diabetes Mellitus | 1 year |

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. J. Dutrow M. D. or other

Address Frederick MD Date signed 9/18/40

Dr. Shusher

RECEIVED
OCT 5 1040
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (8)

09580

# CERTIFICATE OF DEATH

Reg. Dist. No. 137

**1. PLACE OF DEATH:**
County Frederick
City or town Liberty town
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State ..... County .....
City or town .....
(If outside city or town limits, write RURAL and give nearest town)
Street No. .....
(If rural, give LOCATION)
2.(a) If veteran, name war .....

**3. (a) FULL NAME** — — Ecker

**3. (b) Social Security Number**

4. Sex ✓
5. Color or race W
6.(a) Single, married, widowed, or divorced Single
6.(b) Name of husband or wife .....
8.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) Sept. 21, 1940

**8. AGE:** Years — Months — Days — If less than one day ✓ hrs. ✓ min.

9. Birthplace Liberty town
(Town, county, and state)
10. Usual occupation None
11. Industry or business

FATHER
12. Name James O. Ecker
13. Birthplace New Windsor

MOTHER
14. Maiden name Frances M. Johnson
15. Birthplace Liberty town

18. Informant James O. Ecker
Address New Windsor Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 21 1940 (month) (day) (year)
Cemetery or crematory On home Grounds
Location Near New Windsor

18. Funeral director Latter James O Ecker
Address New Windsor Md

19. Oct 12 1940 (Date rec'd by registrar) W D Cherfman Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 1940, at 3 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19.....
and that I last saw h... alive on ..... 19.....

Immediate cause of death: Still born

Due to Toxemia of Pregnancy

Due to of Mother

Other conditions .....
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations .....
Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE C. E. Easterday M. D. Mother
Address Wolfersville Md Date signed Sept 21, 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 4 1940
BUREAU OF S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

09581

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County: Frederick

(b) City or town: Sanatorium. Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium.

(d) Length of stay in hospital or inst. (yrs., mos., or days): 11Mos26Days

(e) Length of stay in this community (yrs., mos., or days): 11Mos26Days

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State: Maryland (b) County: Baltimore

(c) City or town: Catonsville (If outside city or town limits, write RURAL and give town)

(d) Street No.: Spring Grove Hosp. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME: Christian Thomas Eckstein

3 (b) If veteran, name war:

3 (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.): Sept 14 1878

8. AGE: Years 61 | Months 11 | Days 28 | If less than one day _____ hr. _____ min.

9. Birthplace: Frederick. Md. (Town, county, and state)

10. Usual occupation: Attendant

11. Industry or business:

FATHER
12. Name: Christian H Eckstein
13. Birthplace: Germany

MOTHER
14. Maiden Name: Mary K Hopkins
15. Birthplace: Washington D.C.

16 (a) Informant: Christian T Eckstein
(b) Address: Catonsville. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 14 1940 (month) (day) (year)

(c) Cemetery or crematory:

Location: Frederick Md

18 (a) Funeral director: Harry E Caity

(b) Address: Frederick Md.

19 (a) 9/10/40 (Date rec'd by registrar) (b) [signature] Registrar

### MEDICAL CERTIFICATION

20. Date of death: Sept 11 1940, at 1.00 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 16 1939, to Sept 11 1940, and that I last saw him alive on Sept 10 1940.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 19Mos

Due to: Tubercle Bacilli

Due to:

Other conditions: Fatal Hemoptysis (Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: [signature] M.D. (M. D. or other)

Address: State Sanatorium Md Date signed: 9/10/40

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Former resp. Sp. Grove

ECEIVED
OCT 4 1940
EAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

# CERTIFICATE OF DEATH

09582

Reg. Diat. No. 13/

**1. PLACE OF DEATH:**

County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yrs

Hospital, institution, or street address where death occurred:
Frederick, City Hospital

How long in hospital or institution? 7 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 926 N. Market St.,
(If rural, give LOCATION)

2.(a) If veteran, name war None

**3.(a) FULL NAME** Mrs. Eva Savilla Everhart

**3.(b) Social Security Number** none

| 4. Sex | 5. Color or race | 6.(a) ~~Single~~, married, ~~widowed, or divorced~~ |
|---|---|---|
| female | white | married |

6.(b) Name of husband or wife Dr. D. G. Everhart, Sr.,

6.(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) June 11, 1891

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 49 | 3 | 10 | ....hrs. ....min. |

9. Birthplace Hanover, Penna.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At home

FATHER 12. Name Charles H. Bixler,

FATHER 13. Birthplace Bauchman Valley, Md.

MOTHER 14. Maiden name Mary Jane Musselman,

MOTHER 15. Birthplace Hanover, Pa.

16. Informant Dr. D. G. Everhart, Sr.,
Address Frederick, Maryland.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 9 / 24 / 40 (month) (day) (year)

Cemetery or ~~crematory~~ Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison & Son,

Address Frederick, Md.

19. 23-Sept 1940 (Date rec'd by registrar) Ira J. McGinnis Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 21, 1940 at 6 15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1 1940 to Sept. 21 1940 and that I last saw h.. alive on Sept. 21 1940

| Immediate cause of death | DURATION |
|---|---|
| Chronic myocarditis | 6 months |
| Due to X | |
| Due to X | |
| Other conditions X | |

(Include pregnancy within 3 months of death)

Major findings of operations X

Date of op. X

Autopsy results X

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.... Date of....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)....

Means of injury Injured at work?

23. SIGNATURE Wm M. Smith M D
M. D. or other

Address Frederick, Md. Date signed 9/23/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 5 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-F)

09583

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

**1. PLACE OF DEATH:**
County: Fred. Co.
City or town: Thurmont
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 2 years

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md. County: Fred Co.
City or town: Walkersville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** Fannie May Fink

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | widowed |

6 (b) Name of husband or wife: Edward Fink

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 25, 1859

8. AGE: Years: 81 | Months: 3 | Days: 29 | If less than one day: hrs. min.

9. Birthplace: Walkersville, Fred. Co., Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Wm. H. Cromwell
13. Birthplace: Fred. Co. Md.

MOTHER
14. Maiden name: Elizabeth Ann Frazier
15. Birthplace: Fred. Co.

16. Informant: Mrs. Chas. S. Houck, Jr.
Address: Fred., Md. R. F. D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 26, 1940 (month) (day) (year)
Cemetery or crematory: Glade Cemetery
Location: Walkersville Md.

18. Funeral director: J. A. Barton
Address: Walkersville, Md.

19. Sept. 26 1940 (Date rec'd by registrar) Anna M. Jones Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: September 24 1940, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1935, to Sept. 24 1940, and that I last saw her alive on September 24, 1940.

| Immediate cause of death | DURATION |
|---|---|
| Carcinoma of the liver | ? |
| Due to | |
| Due to | |
| Other conditions: General metastases | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: O. H. Cooley M. D. or other
Address: Fred Md. Date signed: 9/26/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 3 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (15)

09584

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County Frederick

City or ~~town~~ Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 Day

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Maryland County Frederick

~~City~~ or town Myersville - Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

**3. (a) FULL NAME** Ezra Michael Flook, Jr.

**3. (b) Social Security Number** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or ~~divorced~~ |
|---|---|---|
| Male | White | Single |

6 (b) Name of husband or wife

6(c) If ever, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13 - 1921

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 19 | 7 | 20 | hrs. min. |

9. Birthplace Myersville - Frederick County, Md.
(Town, county, and state)

10. Usual occupation Day Laborer

11. Industry or business

FATHER

12. Name Ezra Flook

13. Birthplace Myersville Md.

MOTHER

14. Maiden name Rosa Hoffman

15. Birthplace Myersville Md.

16. Informant Mrs Rosa Hoffman Flook

Address Myersville Md

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Sept 4 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Cemetery U. B.

Location Grossnickle Church, near Myersville Md.

18. Funeral director Gladhill Co.

Address Middletown Md.

19. 4- Sept 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 2 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1940 to Sept 2 1940 and that I last saw h- in alive on Sept 2 1940.

| | DURATION |
|---|---|
| Immediate cause of death Intestinal tuberculosis | 2 mos |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. V. Staton M. D.
M. D. or other

Address Myersville, Md Date signed Sept. 3 1940

RECEIVED
OCT 5 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (185)

## CERTIFICATE OF DEATH

09585

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

**1. PLACE OF DEATH:**

County: Frederick City Hospital

City or ~~town~~: Frederick, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 yrs

Hospital, Institution, or street address where death occurred:
Frederick City Hospital

How long in hospital or Institution? one day

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Md. County: Frederick

City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 492 W South St.
(If rural, give LOCATION)

2.(a) If veteran, name war: — None —

**3.(a) FULL NAME:** Foland, Mr. Marion

**3.(b) Social Security Number:** 214-10-1716

| 4. Sex | 5. Color or race | 6.(a) ~~Single~~, married, ~~widowed, or divorced~~ |
|---|---|---|
| M | W | Married |

6.(b) Name of ~~husband~~ or wife: Mrs. Alice Foland (Hilderbrant)

6.(c) If alive, give age: 28 years

7. Birth date of deceased (mo., day, yr.): March 12 - 1905

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 35 yrs | 6 | 9 | ....hrs. ....min. |

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation: Plumber

11. Industry or business:

FATHER
12. Name: Frederick County
13. Birthplace: Edward Foland

MOTHER
14. Maiden name: May Cross
15. Birthplace: Fredtrick Md.

16. Informant: Mrs. Marion Foland
Address: Frederick Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 24-40 (month) (day) (year)

Cemetery or crematory: Mt. Olivet

Location: Frederick, Md.

18. Funeral director: G. E. Eline & Son

Address: Frederick Md.

19. 23-Sept 19 40 (Date rec'd by registrar) Ira J. McCurdy Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 21 19 40, at 12.15 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ....19.... to ....19....

and that I last saw ~~him~~ alive on Sept 21 19 40

| Immediate cause of death | DURATION |
|---|---|
| Acute cardiac dilatation | immediate |
| Due to: anesthesia | |
| Due to: | |
| Other conditions: Cut L Left hand while at work | |

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~? anesthesia Date of 9.21.40

Where did injury occur? Frederick (City or town) city (County) Md. (State)

Injured at home, farm, industry, public place (where?): industry

Means of injury: cut Left hand Injured at work? yes

DR. R. W. BAER
DEPUTY MEDICAL EXAMINER

23. SIGNATURE: R. W. Baer M. D. or other

Address: Frederick, Md. Date signed: 9.21.40

RECEIVED
OCT 5 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (71)

09586

## CERTIFICATE OF DEATH

Reg. Dist. No. 137

**1. PLACE OF DEATH:**
County: Frederick
City or town: Rural Near Unionville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 6 mos.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Carroll
City or town: Rural Near Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R. D. New Windsor, Md
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** Maggie Jane Franklin

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | widowed |

B (b) Name of husband or wife: Jessie T. Franklin
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 1, 1866

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 74 | 4 | 16 | hrs. min. |

9. Birthplace: Carroll Co. Md.
(Town, county, and state)
10. Usual occupation:
11. Industry or business:

FATHER
12. Name: William Haines
13. Birthplace: Carroll Co. Md.

MOTHER
14. Maiden name: Ellen Staller
15. Birthplace: Maryland

18. Informant: Paul Franklin
Address: Union Bridge R. D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 19 1940 (month) (day) (year)
Cemetery or crematory: St James
Location: Dennings Carroll Co. Md
18. Funeral director: C M Walt
Address: Mt Airy Md

19. Sept 17 1940 (Date rec'd by registrar) W. D. Burtman Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 17 1940 at 5.45 PM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 4 1939, to Sept 17 1940 and that I last saw her alive on Sept 16 1940

| Immediate cause of death | DURATION |
|---|---|
| Arteriosclerosis | |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: J. N. Legg M. D. or other
Address: Union Mills Date signed 9-17-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 3 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09587

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County Frederick
City or town Frederick Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 8 Days
Stay in this community (yrs., or mos., or days) 25yrs.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants, give residence of mother)
State Maryland County Frederick
City or town Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 857 W. Patrick
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

**3. (a) FULL NAME** Richard Wesley Fry

**3. (b) Social Security Number** none

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| male | white | Widowed |

B (b) Name of husband or wife Helen Mossburg

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1855

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 85 | 7 | 4 | ____ hrs. ____ min. |

9. Birthplace Stumptown, Loudon Va
(Town, county, and state)

10. Usual occupation Retired Laborer (10yrs)
11. Industry or business worked Mt. Olivet Cemetery

FATHER
12. Name Martin Fry
13. Birthplace Loudon, Co. Va

MOTHER
14. Maiden name Susan Davis
15. Birthplace Loudon, Co., Va.

16. Informant Miss Adelgerger Emergency
Address Hospital, Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9 / 12 / 40 (month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery,
Location Frederick, Maryland

18. Funeral director M. R. Etchison & Son,
Address Frederick, Maryland.

19. 11-Sept 1940 Dra J. McCurdy
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10 1940, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 2 1940, to Sept. 10 1940, and that I last saw him alive on Sept. 10 1940.

| Immediate cause of death | DURATION |
|---|---|
| Chronic Myocarditis | 6 months |
| Due to | 2 |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE B L Thomas M. D. or other
Address Frederick, Md. Date signed 9/10/40

RECEIVED
OCT 5 1940

09588

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

93-d

Reg. Dist. No. 131

**1. PLACE OF DEATH:**

County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 57 years

Hospital, institution, or street address where death occurred: Frederick City Hospital

How long in hospital or institution? 4 Days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4 Norva Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war none

**3. (a) FULL NAME** Willard Norman Garrett

**3. (b) Social Security Number** none

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Ella J. Garrett

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): December 11, 1863

8. AGE: Years 76 | Months 9 | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Greenmount, Carroll County, Maryland
(Town, county, and state)

10. Usual occupation: Cigar Manufacturer (retired)

11. Industry or business: Private Business

FATHER
12. Name: Daniel Garrett
13. Birthplace: Carroll County, Maryland

MOTHER
14. Maiden name: Miranda Ritter
15. Birthplace: Carroll County, Maryland

16. Informant: Mrs. Lewis B. Gannon
Address: Frederick Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: Sept. 13, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Mt. Olivet Cemetery

Location: Frederick, Maryland

18. Funeral director: C. E. Cline & Son
Address: Frederick, Maryland

19. 13-Sept 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept ~~10~~ 11 1940, at 7:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 4 1940, to Sept 11 1940 and that I last saw him alive on Sept 10 1940

Immediate cause of death: Chronic Myocarditis

Due to: Bronchial Asthma

Due to:

Other conditions: Acute Resp. Infection — 1 week

(Include pregnancy within 8 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: H. S. Fischer M. D. or other

Address: Frederick Md Date signed 9/11/40

VS A15 (T) (I) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 5 1940
BUREAU V. S.

09589

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

**1. PLACE OF DEATH:**

County: Frederick

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 27Days

Stay in this community (yrs., or mos., or days): 27 Days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Baltimore.

City or town: Essex Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Dorsey Ave.
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

**3. (a) FULL NAME:** Conrad Gorub.

3. (b) Social Security Number: 217-03-7899 ~~none~~

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mathilda Bresnick Gorub

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): February 26 1877

8. AGE: Years 63 Months 6 Days 20 If less than one day ____ hrs. ____ min.

9. Birthplace: Austria
(Town, county, and state)

10. Usual occupation: Steel-Worker

11. Industry or business

FATHER
12. Name: ?-------- Gorub
13. Birthplace: Austria

MOTHER
14. Maiden name: Unknown
15. Birthplace: Austria

18. Informant: Conrad Gorub

Address: Essex, Baltimore. Co Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 18 1940 (month) (day) (year)

Cemetery or crematory: Sacred Heart Cem.

Location: German Hill Rd. Balto Co. Md.

18. Funeral director: J.G.Connelly

Address: Baltimore. Md.

19. 9/15/40 19 (Date rec'd by registrar) [signature] Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: September 15 1940, at 9.05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 19 1940, to Sept 15 1940, and that I last saw him alive on Sept 15 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 2Mos

Due to: Tubercle Bacilli

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: [signature] M.D. M. D. or other

Address: State Sanatorium Md. Date signed 9/15/40

VS A15 (T) (I) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 21 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92C)

09590

## CERTIFICATE OF DEATH

Reg. Diat. No. 131

**1. PLACE OF DEATH:**
County Frederick
City or town Frederick Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 Days
Hospital, Institution, or street address where death occurred:
Emergency Hospital
How long in hospital or institution? 9 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rural Route 1 Alley
(If rural, give LOCATION)
2.(a) If veteran, name war none

**3.(a) FULL NAME** John Henry Hallman

**3.(b) Social Security Number** none

| 4. Sex | 5. Color or race | 6.(a) single, married, widowed, or divorced |
|---|---|---|
| male | Col. | married |

6.(b) Name of husband or wife Alice Hallman
6.(c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) Feb. 25, 1875

**8. AGE:** Years 65 | Months 7 | Days 0 | If less than one day ... hrs. ... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Farm
FATHER 12. Name Isaac Hallman
13. Birthplace Md
MOTHER 14. Maiden name Annie Smith
15. Birthplace Md.
16. Informant Miss Adele Berger, Emergency
Address Hospital, Frederick Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 27-40 (month) (day) (year)
Cemetery or crematory Mountain View
Location New Frederick Md
18. Funeral director C.E. Thomas Son
Address Frederick Md.
19. 26 Sept 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 25 1940, at 2 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 16 1940 to Sept 25 1940 and that I last saw h... alive on Sept 25 1940

| | DURATION |
|---|---|
| Immediate cause of death Chronic Myocarditis | 1 yr. + |
| Due to Mitral regurgitation | 1 yr. + |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE B.O. Thomas M. D. or other
Address Frderick, Md Date signed 9/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

## CERTIFICATE OF DEATH

09591

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County: Frederick Md.
City or town: Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days): 3 months
Stay in this community (yrs., or mos., or days):

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md. County: Frederick
City or town: Burkittsville Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

**3. (a) FULL NAME:** Hightman, Mr. William J.

**3. (b) Social Security Number:** no

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| M | W | widower |

6 (b) Name of husband or wife: Hattie Hightman
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 25, 1887

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 53 yrs. | 5 | 9 | hrs. min. |

9. Birthplace: Md. Burkittsville, Md. (Town, county, and state)
10. Usual occupation: None
11. Industry or business

FATHER
12. Name: Albert Hightman
13. Birthplace: Burkittsville, Md.

MOTHER
14. Maiden name: Rhoda Yirtz
15. Birthplace: Burkittsville, Md

16. Informant: Wm. Hightman Jr.
Address: Burkittsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 6, 1940 (month) (day) (year)
Cemetery or crematory: Lutheran Cem.
Location: Lovettsville, Va.

18. Funeral director: Gladhill Co.
Address: Middletown, Md.

19. 6 Sept 1940 (Date rec'd by registrar) Dora J. McCurdy Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: 9/3/40 19 , at 12:20 PM.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from NW 1939 to 9/3 1940, and that I last saw h alive on 9/3 1940.

| | DURATION |
|---|---|
| Immediate cause of death: Malnutrition | 6 mo. |
| Due to: Carcinoma of Stomach (Scirrous) | ? 3 yrs |
| Due to: Degeneration of Chronic gastritis | 20 yrs |
| Other conditions: | |

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: C. Talbot Price M. D. or other
Address: Jefferson Date signed 9/3/40

RECEIVED
OCT 5 1940
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

09592

S3a

**1. PLACE OF DEATH**

County ~~Woodsboro~~ Frederick Registration Dist. No. 140

Village or City Woodsboro No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Elmer Clifford Holbrunner If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| M | W | Widower |

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Dasie Beck

6. DATE OF BIRTH (month, day, and year) June 3 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 76 | 3 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farmer

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Woodsboro

(State or country) Frederick Co. Md.

FATHER

13. NAME Geo. W. Holbrunner

14. BIRTHPLACE (city or town)

(State or country) Germany

MOTHER

15. MAIDEN NAME Mary Ann Fox

16. BIRTHPLACE (city or town)

(State or country) Md.

17. INFORMANT Mrs. Mary E. Sweeney

(Address) Woodsboro Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Hope Cem. Woodsboro Md. Date Oct. 2, 1940

19. UNDERTAKER Powell & Gilbaugh

(Address) Woodsboro Md.

20. FILED Sept. 30, 1940

Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Sept. (Month) 30 (Dey) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1938 to Sept 30 1940

I last saw him alive on Sept. 29, 1940; death is said to have occurred on the date stated above, at 1.30 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Slight Cerebral Hemorrhage | Sept 1938 |
| Sept. | |
| Cerebral Apoplexy | Sept 29 1940 |

Other Contributory Causes of Importance:

Name of operation none Date of

What test confirmed diagnosis? ~~Was there an autopsy?~~ No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of Injury ~~, 19~~

Where did injury occur? ~~(Specify city or town, county and State)~~

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury none

Nature of Injury ~~

24. Was disease or injury in any way related to occupation of deceased? none

If so, specify

(Signed) C. W. Stultz M. D.

(Address) Woodsboro Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

OCT 4 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09593

Reg. Dist. No. 144

**1. PLACE OF DEATH:**
County: Frederick
City or town: Lewistown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 80 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md County: Frederick
City or town: Lewistown.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

**3.(a) FULL NAME:** John Henry Thomas Holt

**3.(b) Social Security Number:** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Widowed |

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 30th. 1854

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 86 | 2 | 10 | hrs. min. |

9. Birthplace: Catoctin Furnace. Fredk Co. MD
(Town, county, and state)
10. Usual occupation: Retired.
11. Industry or business: Laborer

FATHER
12. Name: Benjamin C. Holt
13. Birthplace: Catoctin Furnace Fredk Co MD

MOTHER
14. Maiden name: Harriett A Hunker
15. Birthplace: Woodsboro. Fredk Co. MD

16. Informant: Chas. M. Holt
Address: Lewistown. MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 12th. 40 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Utica. Fredk Co. MD

18. Funeral director: M. L. Creager & Son.
Address: Thurmont. MD

19. September 11- 1940 Anna M. Jones
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 10th. 1940 at 1:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1" 1940 to Sept 9" 1940 and that I last saw him alive on Sept 9" 1940

| Immediate cause of death | DURATION |
|---|---|
| Chronic Myocarditis | 2 yrs. |
| Due to: Chronic Arterial Sclerosis | 5 yrs. |
| Due to: | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Morris A. Bird M.D. M. D. or other
Address: Thurmont Md Date signed: 9/11/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 3 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186a)

## CERTIFICATE OF DEATH

09594

Reg. Dist. No. 134

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

**1. PLACE OF DEATH:**
County: Fredrick
City or town: Emmitsburg, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 97 years

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Emmitsburg County: Fredrick
City or town: Emmitsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

**3. (a) FULL NAME:** George Thomas Humerick

**3. (b) Social Security Number:** none

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| m | white | widower |

6 (b) Name of husband or wife: Annie Jackson
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 3, 1843

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 97 | 00 | 21 | hrs. min. |

9. Birthplace: Fredrick Co, md
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Andrew Humerick
13. Birthplace: Germany

MOTHER
14. Maiden name: Lydia Anne Hoffman
15. Birthplace: Adams County, Pa.

16. Informant: Mrs Mary Reynolds
Address: Emmitsburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 26, 1940 (month) (day) (year)
Cemetery or crematory: St Joseph
Location: Emmitsburg, Md

18. Funeral director: D. L. Allison
Address: Emmitsburg, Md.

19. Sept 25 1940 (Date rec'd by registrar) M. F. Stuntz Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 24 1940, at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1930 1940 to Sept 24 1940 and that I last saw him alive on Sept 24 1940

| Immediate cause of death | DURATION |
|---|---|
| Arteriosclerotic cardio vascular disease | 10 years |
| Due to Accidental fall, in his bedroom, resulting from vertigo C.V.S.D. | |
| Due to | |
| Other conditions Fracture Left Humerus, due to an accidental fall. | 2 weeks |

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: Sept. 14, 1940.
Where did injury occur? In Emmitsburg (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): in his bedroom.
Means of injury: Accidental fall. Injured at work?

23. SIGNATURE: W. R. Cadle M.D.
M. D. or other
Address: Emmitsburg Md. Date signed: 9-25-40

RECEIVED
OCT 2 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-A)

09595

## CERTIFICATE OF DEATH

Reg. Dist. No. 13

**1. PLACE OF DEATH:**
County Frederick
City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 48 yrs.
Hospital, Institution, or street address where death occurred:
310 N. Bentz St.,
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Frederick
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 310 N. Bentz St.,
(If rural, give LOCATION)
2.(a) If veteran, name war none

**3. (a) FULL NAME** Antionette Erminie Holland Jenkins

**3. (b) Social Security Number** none

| 4. Sex | 5. Color or race | 6.(a) ~~Single, married, widowed,~~ or divorced |
|---|---|---|
| female | colored | divorced |

6.(b) Name of husband or ~~wife~~ Samuel Jenkins
6.(c) If alive, give age 58 years
7. Birth date of deceased (mo., day, yr.) Feb. 2, 1892

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 48 | 7 | 7 | ...hrs. ...min. |

9. Birthplace Nr. New Market, Fred., Md.
(Town, county, and state)
10. Usual occupation Domestic
11. Industry or business
FATHER 12. Name John H. Holland,
13. Birthplace Nr. Hyattstown, Md.
MOTHER 14. Maiden name Susan Roberts,
15. Birthplace Nr. Unionville, Md.
16. Informant Caroline Dixon,
Address 310 N. Bentz St., Frederick, Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 9 / 11 / 40 (month) (day) (year)
Cemetery or ~~crematory~~ Fairview Cemetery
Location Frederick, Maryland.
18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.
19. 11-Sept 1940 (Date rec'd by registrar) Ina J McCurdy Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 9th, 1940, at 12.41 P M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug 14 1940, to Sept 9 1940
and that I last saw ~~her~~ alive on Sept 9 1940

| | DURATION |
|---|---|
| Immediate cause of death Ca. Myocarditis | |
| Due to Chronic nephritis | 3 years |
| Due to | |
| Other conditions Hypertension | |

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op. ...
Autopsy results ...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of ...
Where did injury occur? ... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury ... Injured at work?

23. SIGNATURE Jno. Scott Dixon, M. D. or other
Address Frederick, Md. Date signed 9/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

09596

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

**1. PLACE OF DEATH:**

County: Frederick

City ~~or town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 79 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Md. County: Frederick

City ~~or town~~: Frederick
(If outside city or town limits, write RURAL and ~~give~~ nearest town)

Street No. 208 Rockwell Terrace
(If rural, give LOCATION)

2.(a) If veteran, name war: None

**3. (a) FULL NAME:** Mary Matilda Kemp

**3. (b) Social Security Number:** None

4. Sex: Female

5. Color or race: White

6.(a) ~~Single, married~~, widowed, ~~or divorced~~: Widowed

6.(b) Name of husband or ~~wife~~: C. Thos. Kemp

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug. 16 – 1861

**8. AGE:** Years 79 | Months 1 | Days 12 | If less than one day ..... hrs. ..... min.

9. Birthplace: Frederick Co. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Theodore Schultz
13. Birthplace: Frederick Co Md

MOTHER
14. Maiden name: Mary M. Dill
15. Birthplace: Frederick Co. Md.

16. Informant: Mrs. Sam W. Maples
Address: Frederick Md.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof: Sept. 30 - 1940
(month) (day) (year)

Cemetery ~~or crematory~~: Mt. Olivet

Location: Frederick Maryland

18. Funeral director: C. C. Cline & Son
Address: Frederick Md.

19. 30 - Sept 1940
(Data rec'd by registrar)

Ira J. McCurdy
Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 28 1940 at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 20 1940, to Sept 28 1940 and that I last saw her alive on Sept 28 1940

| Immediate cause of death | DURATION |
|---|---|
| Coronary occlusion | 2 days |
| Due to arteriosclerosis | 15 years |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: R. W. Bow
M. D. or other

Address: Prof. Bldg. Frederick Md. Date signed: 9.30.40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(I)

(M)

(T)

RECEIVED
OCT 5 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137-a)

## CERTIFICATE OF DEATH

09597

Reg. Dist. No. 134

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

**1. PLACE OF DEATH:**
County: Fredrick
City or town: Rural near Emmitsburg Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insf. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 6 yrs

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Fredrick
City or town: Rural near Emmitsburg Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

**3. (a) FULL NAME:** George Mc Clellan Kemper

**3. (b) Social Security Number:** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| m | white | married |

B (b) Name of husband or wife: Mary Jacobs
6(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): March 29, 1863

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 77 | 5 | 15 | hrs. min. |

9. Birthplace: Adams Co, Pa.
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business

FATHER
12. Name: John Kemper
13. Birthplace: Adams Co, Pa.

MOTHER
14. Maiden name: Eliza Rose
15. Birthplace: Adams Co, Pa.

16. Informant: Mary E Kemper
Address: Emmitsburg Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 6, 1940 (month) (day) (year)
Cemetery or crematory: Mountain View Cemetery
Location: Emmitsburg Md.
18. Funeral director: S. L. Allison
Address: Emmitsburg Md.

19. Sept 5 1940 (Date rec'd by registrar) Ira F Bluff. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 4 1940, at 2A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935 to Sept 4 1940, and that I last saw him alive on Sept 3, 1940

| Immediate cause of death | DURATION |
|---|---|
| Arteriosclerotic cardio vascular disease - | several years |
| Due to | |
| Due to | |
| Other conditions: Prostatic hypertrophy - urinary retention - | 3 months - |

(Include pregnancy within 3 months of death)

Major findings: Benign prostatic hypertrophy
Of operations:
Of autopsy: None

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W. R. Cash M D
M. D. or other
Address: Emmitsburg Md Date signed: 9-4-40

RECEIVED
OCT 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

# CERTIFICATE OF DEATH

09598

Reg. Dist. No. 137

**1. PLACE OF DEATH:**

County: Frederick Md

City or town: (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: near Ladisburg Md

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 3 years

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State: Md County: Frederick

City or town: Rural nr Ladisburg Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME:** Roland Elwood Long

**3. (b) Social Security Number:** None

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Ice Florence Long

6(c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): March 23 1893

**8. AGE:** Years 47 | Months 4 | Days 25 | If less than one day ___ hrs. ___ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER

12. Name: Harrie E Long

13. Birthplace: Md

MOTHER

14. Maiden name: Annie E. Smith

15. Birthplace: Md

16. Informant: Lester W Long

Address: Woodsboro

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 19 1940 (month) (day) (year)

Cemetery or crematory: Mt Zion Hughes

Location: near Ladisburg Md

18. Funeral director: C O Fuss & Son

Address: Taneytown Md

19. Sept 19 1940 (Date rec'd by registrar) W. D. Cuffman Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 17 1940, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1, 40 19 , to Sept 17 1940, and that I last saw him alive on Sept 17, 40 19

Immediate cause of death: Apoplexy

Due to: Hypertensive cardio vascular renal disease

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: C E Easterday M. D. or other

Address: Mt Cheeseville, Md Date signed: Sept 17, 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 3 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-D)

09599

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

**1. PLACE OF DEATH:**

County Fred.

City or ~~town~~ Fred. City

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Fred. City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 days

Stay in this community (yrs., or mos., or days) 16 yrs.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Md County Fred.

City or ~~town~~ Fred. City Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 604 N. Bentz St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

**3. (a) FULL NAME** Daniel Parker Luby

**3. (b) Social Security Number** None

| 4. Sex | 5. Color or race | 6. (a) ~~Single~~, married, ~~widowed~~, or divorced |
|---|---|---|
| Male | colored | Married |

6 (b) Name of ~~husband~~ or wife Viola Brown Luby

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) April 1, 1884

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 56 | 5 | 21 | ____ hrs. ____ min. |

9. Birthplace Fred. Co. (Town, county, and state)

10. Usual occupation Laborer. Firing boiler for heating plant.

11. Industry or business

FATHER

12. Name Calvin Luby

13. Birthplace Fred. Co. Md.

MOTHER

14. Maiden name Hester Brown

15. Birthplace Fred. Co. Md.

16. Informant Mrs. Viola Brown

Address 604 N. Bentz St., Fred., Md.

17. Burial (Burial, cremation, or removal Which?) Date thereof Sept. 25 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Fairview Cemetery

Location Mt. Fred. Md.

18. Funeral director F. C. Barton

Address Walkersville, Md.

19. 25-Sept 1940 Dora J. McCurdy

(Date rec'd by registrar) Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH Sept. 22 1940 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1940 to Sept. 22 1940, and that I last saw him alive on Sept. 22 1940

Immediate cause of death Coronary Thrombosis — DURATION 6 days

Due to Chronic Myocarditis

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE Howard W. Ash M.D.

M. D. or other

Address Frederick, Md Date signed 9/24/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

09600

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

48-B

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

**1. PLACE OF DEATH:**

County Frederick

~~City or town~~ Frederick Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 17 days

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Maryland County Frederick

~~City or town~~ Woodsboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Mrs. Ethel Martin

**3. (b) Social Security Number**

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or ~~wife~~ Raymond Martin

6(c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) June 4. 1908

**8. AGE:** Years 32 Months 3 Days 8 If less than one day ___ hrs. ___ min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual occupation House-work

11. Industry or business Own home.

FATHER

12. Name George Delashmatt

13. Birthplace Frederick Co. Md.

MOTHER

14. Maiden name Estella Shaw

15. Birthplace Frederick Co. Md.

16. Informant Miss Adelsberger, Emergency

Address Hospital, Frederick Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Sept 14. 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Mt Hope

Location Woodsboro

18. Funeral director Powell & Albaugh

Address Woodsboro Md

19. 13-Sept 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 12 1940, at 12 P.M. 15

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 26 1940 to Sept 12 1940, and that I last saw her alive on Sept 12, 1 1940.

Immediate cause of death: Caracinomia of Uterus

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: year +

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B O Thomas M. D. or other

Address Frederick, Md Date signed 9/12/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

09601

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

**1. PLACE OF DEATH:**

County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 58 yrs.

Hospital, institution, or street address where death occurred: 451 W. Patrick St.,

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 451 W. Patrick St.,
(If rural, give LOCATION)

2.(a) If veteran, name war none

**3. (a) FULL NAME** George Henry Barnes Moberly

**3. (b) Social Security Number** 214-10-1413

| 4. Sex | 5. Color or race | 6.(a) ~~single~~, married, ~~widowed, or divorced~~ |
|---|---|---|
| male | white | married |

6.(b) Name of ~~husband~~ or wife Viola Roelkey

6.(c) If alive, give age 57yrs years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1881

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 58 | 10 | 5 | ....hrs. ....min. |

9. Birthplace Frederick, Fred., Md.
(Town, county, and state)

10. Usual occupation Wood worker

11. Industry or business Lumber Mill

FATHER
12. Name George R. Moberly,
13. Birthplace Frederick, Md.

MOTHER
14. Maiden name Mary C. Barnes,
15. Birthplace Frederick, Md.

16. Informant C. Arthur Moberly,
Address 451 W. Patrick St., Fred., Md.

17. burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 9 / 18 / 40 (month) (day) (year)

Cemetery or ~~crematory~~ Mount Olivet Cemetery,
Location Frederick, Md.

18. Funeral director M. R. Etchison & Son,
Address Frederick, Maryland

19. 18-Sept 1940 (Date [illegible] registrar) Ira J. McCurdy Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH Sept. 15th., 1940 at 8.05A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1 1940 to Sept. 15 1940 and that I last saw him alive on Sept. 15 1940

Immediate cause of death Cerebral hemorrhage — DURATION 15 days

Due to Arterio sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm M Smith M.D.
M. D. or other

Address Frederick, Md. Date signed 9/16/40

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 5 1940
BUREAU V. S.

09602

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (160-C)

## CERTIFICATE OF DEATH

Reg. Dist. No. 137

**1. PLACE OF DEATH:**

County Frederick

City or town Union Bridge Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Union Bridge - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Audrey Larue Myers

3. (b) Social Security Number None.

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 5. 1940.

8. AGE: Years | Months | Days 6 | If less than one day 4 hrs. min.

9. Birthplace Union Bridge - Fred Co, Md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Earl. T. Myers
13. Birthplace Frederick Co, Md.

MOTHER
14. Maiden name Oneda I Keefer
15. Birthplace Carroll Co. Md.

16. Informant Earl. T. Myers
Address Union Bridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 13-40 (month) (day) (year)

Cemetery or crematory Pipe Creek Cemetery

Location New Windsor Uniontown Road.

18. Funeral director D. D. Hartzler + Sons
Address Union Bridge, Md.

19. Sept 12 1940 (Date rec'd by registrar) M D Curfman Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 12 1940, at 2 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 5 1940, to Sept 12 1940, and that I last saw her alive on Sept 11 1940.

Immediate cause of death Intestinal Hemorrhage

Due to Birth Pressure Breech

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE T. H. Legg M. D. or other

Address Union Bridge Date signed 9-12-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 3 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

09603

## CERTIFICATE OF DEATH

Reg. Dist. No. 134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Mrs Morris.

**1. PLACE OF DEATH:**
County Frederick
City or town Emmitsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insl. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 Months

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Libertytown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

**3.(a) FULL NAME** J. Elizabeth Morris

**3.(b) Social Security Number** None

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Henry Morris
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 27 1865

8. AGE: Years 85 Months 5 Days ____ If less than one day ____ hrs. ____ min.

9. Birthplace: Md Frederick Co
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Henry Chew Gaither
13. Birthplace: Md Frederick Co.

MOTHER
14. Maiden name: Juliet E. Maynard
15. Birthplace: Md Frederick Co

16. Informant: Mrs Chas F Rowe
Address: Emmitsburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 29 1940 (month) (day) (year)
Cemetery or crematory: Lingamore
Location: Unionville Md

18. Funeral director: Powell & Albaugh
Address: Libertytown Md

19. Sept 28 1940 (Date rec'd by registrar) M. P. Shuff Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 27 1940, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1940 to Sept 27 1940, and that I last saw her alive on Sept 27 1940.

| | DURATION |
|---|---|
| Immediate cause of death: Coronary occlusion | (Last) |
| Due to: arterio-sclerotic cardio vascular disease | several years |
| Due to: | |
| Other conditions: | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE W. R. Cadle M.D.
M. D. or other
Address Emmitsburg Md. Date signed 9-27-40

RECEIVED
OCT 2 1940
... AU V. S.

09604

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

**1. PLACE OF DEATH:**

County Frederick

City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 828 North Market St.

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 828 North Market St.
(If rural, give LOCATION)

2.(a) If veteran, name war none

**3.(a) FULL NAME** Franklin Cleveland O'Hara

**3.(b) Social Security Number** 212-05-0795

4. Sex: Male

5. Color or race: White

6.(a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: Married

6.(b) Name of ~~husband~~ or wife: Cora Rebecca King O'Hara

6.(c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.): March 17, 1892

8. AGE: Years 48 | Months 6 | Days | If less than one day ... hrs. ... min.

9. Birthplace: Frederick Maryland
(Town, county, and state)

10. Usual occupation: Telephone Lineman

11. Industry or business

FATHER
12. Name: Charles E. O'Hara
13. Birthplace: Frederick, Md.

MOTHER
14. Maiden name: Fannie May Esworthy
15. Birthplace: Frederick, Md.

16. Informant: Mrs. Franklin C. O'Hara
Address: Frederick, Maryland

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Sept. 21, 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Mt. Olivet

Location: Frederick Maryland

18. Funeral director: C. E. Cline & Son
Address: 8 E Patrick St. Frederick Md.

19. 19 Sept 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 9/17 1940, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17 1940, to Sept. 17 1940 and that I last saw him alive on Sept. 17 1940

Immediate cause of death: Coronary Thrombosis — DURATION: 8 wks

Due to:

Due to:

Other conditions: Phlebitis, Rt. leg — 4 wks
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: A. Austin Pearry M. D. or other

Address: Frederick, Md. Date signed 9/19/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. A. A. Pearre

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131a)

09605

## CERTIFICATE OF DEATH

Reg. Dist. No. 140

**1. PLACE OF DEATH:**

County Frederick

City or town Woodsboro
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Md. County Frederick

City or town Woodsboro
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war —

**3. (a) FULL NAME** John W. Pittinger

**3. (b) Social Security Number** —

4. Sex: M.

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Jennie A. Lowe

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 30. 1857

8. AGE: Years 83 | Months 1 | Days 10 | If less than one day ..... hrs. ..... min.

9. Birthplace: Ladiesburg Md.
(Town, county, and state)

10. Usual occupation: Mason

11. Industry or business

FATHER
12. Name: Thomas Pittinger
13. Birthplace: Md.

MOTHER
14. Maiden name: Catharine Yingling
15. Birthplace: Md.

16. Informant: Mrs. J. W. Pittinger
Address: Woodsboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 13. 1940 (month) (day) (year)

Cemetery or crematory: Beverdam

Location: near Johnsville Md.

18. Funeral director: Powell & Albaugh
Address: Woodsboro Md.

19. 9/13 1940 (Date rec'd by registrar) L. C. Powell Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 10 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 4 1940, to Sept 10 1940 and that I last saw him alive on Sept 10, 40 19

Immediate cause of death: Hypertensive Cardio Vascular Renal disease

DURATION

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: G. E. Gosterday M. D. or other

Address: Walkersville, Md. Date signed: Sept 12, 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 4 1940
BUREAU V. S.

VS A15 (T) MARGIN RESERVED FOR BINDING (I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

09606

## CERTIFICATE OF DEATH

Reg. Dist. No. 140

**1. PLACE OF DEATH:** Frederick

County Woodsboro

City or town (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State Md County Frederick

City or town Woodsboro (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war None

**3. (a) FULL NAME** Nettie Guyton Powell.

**3. (b) Social Security Number** None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Elmer M. Powell

6.(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.): March 7th. 1864

**8. AGE:** Years 76 | Months 6 | Days 10 | If less than one day ... hrs. ... min.

9. Birthplace: Myersville. Fredk Co. Md (Town, county, and state)

10. Usual occupation: House-Wife

11. Industry or business: Own Home

FATHER
12. Name: Isiah Leatherman
13. Birthplace: Myersville. Fredk Co. Md

MOTHER
14. Maiden name: Sarah E. Schildtneck
15. Birthplace: Myersville. MD

16. Informant: Elmer M. Powell.

Address: Woodsboro. MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 19th 40 (month) (day) (year)

Cemetery or crematory: Cemetery (Mt Hope)

Location: Woodsboro. Fredk Co. MD

18. Funeral director: M. L. Creager & Son. Thurmont. MD

Address

19. Sept 19 1940 (Date rec'd by registrar) L C Powell Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 17th. 40. at 19 ... at 4:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1938, to Sept 17 1940 and that I last saw her alive on Sept 16 19

Immediate cause of death: Pneumonia, Hypostatic

Due to: Hypertensive cardio vascular renal disease

Due to:

Other conditions (Include pregnancy within 3 months of death)

DURATION

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE C E Easterday M. D. or other

Address Walkersville Md Date signed Sept 17 40

RECEIVED
OCT 4 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

09607

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County: Frederick

(b) City or town: Sanatorium Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days): 3Mos3Days

(e) Length of stay in this community (yrs., mos., or days): 3Mos3Days

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State: Maryland (b) County: Prince George

(c) City or town: Brentwood (If outside city or town limits, write RURAL and give town)

(d) Street No.: 4035 34th St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

**3 (a) FULL NAME:** Alice Marie Preusser

3 (b) If veteran, name war:

3 (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frederick C Preusser

6. (c) If alive, give age: 38 years

7. Birth date of deceased (mo., day, yr.): May 16 1909

8. AGE: Years: 31 Months: 3 Days: 23 If less than one day: _____hr. _____min.

9. Birthplace: Cherry Hill Va. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER

12. Name: Benjamin F O'Neil

13. Birthplace: West Virginia

MOTHER

14. Maiden Name: Carrie L Bolton

15. Birthplace: Virginia

16 (a) Informant: Alice Marie Preusser

(b) Address: Brentwood P.G.Co Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 11 1940 (month) (day) (year)

(c) Cemetery or crematory: Cedar Hill Cem.

Location: Washington. D.C.

18 (a) Funeral director: Francis Casch

(b) Address: Hyattsville. Md.

19 (a) 9/8/1940 (Date rec'd by registrar) (b) _____ Registrar

**MEDICAL CERTIFICATION**

20. Date of death: Sept 8 1940, at 7.50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 40 to Sept 8 40, and that I last saw him alive on Sept 8 19 40.

| Immediate cause of death | Duration |
|---|---|
| Pulmonary Tuberculosis | 9Mos |
| Due to | |
| Tubercle Bacilli | |
| Due to | |
| Other conditions: Tuberculous Enteritis (Include pregnancy within 3 months of death) | |

Major findings:

Of operations: none

Of autopsy: none

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: John E Faulkner M.D. (M. D. or other)

Address: State Sanatorium, Md. Date signed 9/8/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 25 1940
BUREAU V. S.

09608

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

## CERTIFICATE OF DEATH

Reg. Dist. No. 153

**1. PLACE OF DEATH:**

County: Frederick

City or town: Rural Walkersville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Md County: Fred. Co.

City or town: Rural Walkersville
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

**3. (a) FULL NAME**

William Ramsburg (adopted)

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Single |

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1924

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 15 | 8 | | ... hrs. ... min. |

9. Birthplace Mr. Walkersville, Fred. Co., Md
(Town, county, and state)

10. Usual occupation Farm hand

11. Industry or business

FATHER
12. Name Maynard Marshall
13. Birthplace Fred. Co., Md

MOTHER
14. Maiden name Norma Ramsburg
15. Birthplace Fred. Co.

16. Informant Grayson H. Ramsburg
Address Mr. Walkersville

17. Burial Date thereof Sept 3, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt Olivet Cemetery

Location Fred.

18. Funeral director G. C. Barton
Address Walkersville

19. Sept 3 1940 R. Ward Stauffer
(Date rec'd by registrar) Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH Sept 1 1940, at 10:30 A.M.

21. I CERTIFY that death occurred ~~on the date above stated; that I attended deceased from~~ Sept 1 1940 to 10:30 AM 1940
and that I last saw him ~~alive on~~ dead Sept 1 1940

Immediate cause of death Drowning — DURATION: Immediate

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Accident Date of Sept 1, '40

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Monocacy, Linn

Means of injury Drowning Injured at work? no

DR. R. W. BAER
DEPUTY MEDICAL EXAMINER

23. SIGNATURE R W Baer M. D. or other

Address Frederick Md. Date signed 9, 1, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 7 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09609

(46 F)

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

**1. PLACE OF DEATH:**

County Frederick

City or ~~town~~ Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 11 days

Stay in this community (yrs., or mos., or days) 11 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(If resident of mother)

State Maryland County Frederick

~~City~~ or town Walkersville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

**3. (a) FULL NAME** Ricketts, Agnes

**3. (b) Social Security Number** None

| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
|---|---|---|
| Female | Colored | married |

6 (b) Name of husband or ~~wife~~ Warrenton Ricketts

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Mar 13 1893

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 47 yrs. | 6 | 13 | hrs. min. |

9. Birthplace Md. Buckeystown (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Richard T. Bruce

FATHER 13. Birthplace Goldsville, Md.

MOTHER 14. Maiden name Emma Gaither

MOTHER 15. Birthplace Woodsville District, Md

16. Informant Warrenton Ricketts

Address Walkersville

17. Burial (Burial, cremation, or removal) Date thereof Sept. 29 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Simpsons Chapel

Location New Market

18. Funeral director E. C. Barton

Address Walkersville, Md

19. 28-Sept 1940 (Date rec'd by registrar) Dra J. McCurdy Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH Sept. 26 1940 at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 16 1940 to Sept. 26 1940, and that I last saw her alive on Sept. 25 1940

| Immediate cause of death | DURATION |
|---|---|
| Carcinoma of Liver | |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE C. E. Easterday M.D.

M. D. or other

Address Walks, Md. Date signed Sept 28, 40

RECEIVED
OCT 5 1940
BUREAU V. R.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (162)

## CERTIFICATE OF DEATH

09610

Reg. Dist. No. 137

VS A15 (T) PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. (1) MARGIN RESERVED FOR BINDING

**1. PLACE OF DEATH:**
County: Frederick
City or town: Rural near Libertytown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md. County: Fred.
City or town: Johnsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

**3.(a) FULL NAME:** Charles Edward Sayler

**3.(b) Social Security Number:**

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Divorced
6.(b) Name of husband or wife: Alice Overholtzer
6.(c) If alive, give age: about 30 years
7. Birth date of deceased (mo., day, yr.): Oct 8th 1906
8. AGE: Years: 33 Months: 10 Days: 24 If less than one day: hrs. min.
9. Birthplace: Md (Town, county and state)
10. Usual occupation: Farm Laborer
11. Industry or business
FATHER 12. Name: Solomon Albert Sayler
13. Birthplace: Md
MOTHER 14. Maiden name: Susan Hoffman
15. Birthplace: Md
16. Informant: Mrs J Kester Myers
Address: Westminster, Md
17. Burial, cremation, or removal. Which?: Burial Route 5 Date thereof: Sept 10th 1940 (month) (day) (year)
Cemetery or crematory: Benner Dawn
Location: Near Johnsville Md
18. Funeral director: Condit & Waugh
Address: Libertytown Md
19. Sept 9 (Date rec'd by registrar) Jno M Curfman Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Sept. 8 1940, at M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 8 1940, to 19
and that I last saw h alive on 19
Immediate cause of death: Edema of brain, subarachnoid hemorrhage, atrophy of
Due to: cerebral trauma
Due to: multiple lacerations & Brush burns of head & face
Other conditions: Acute alcoholism
(Include pregnancy within 3 months of death)

DURATION

Major findings of operation
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Homicide Date of: 9-8-40
Where did injury occur? Libertytown (City or town) Frederick (County) Md. (State)
Injured at home, farm, industry, public place (where?): Highway
Means of injury: Fist fight Injured at work? No

DR. R. W. BAER
DEPUTY MEDICAL EXAMINER

23. SIGNATURE: R. W. Baer M. D. or other
Address: Frederick Md Date signed: 9-8-40

CEIVED
OCT 3 1940
H. KLAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83a) Reg. Dist. No. 131

09611

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
20 W. Sixth St.,
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 60yrs

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Maryland (b) County Frederick
(c) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 20 W. Sixth St.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Mrs. Jane Sarena Schley

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: female

5. Color or race: colored

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: widow

6 (b) Name of husband ~~or wife~~ Jogn T. Schley

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) UNKNOWN

8. AGE: Years 68 ? | Months | Days | If less than one day _____ hr. _____ min.

9. Birthplace Jefferson, Fred., Md.
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Thomas Johnson,
13. Birthplace Jefferson, Maryland.

MOTHER
14. Maiden Name Maria Kingsley
15. Birthplace Jefferson, Maryland

16 (a) Informant J. Frank Schley,
(b) Address Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9 / 6 / 40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Fairview Cemetery
Location Frederick, Md.

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Maryland

19 (a) 5-Sept-1940 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

### MEDICAL CERTIFICATION

20. Date of death Sept. 4th., 1940, at 12 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 25 1940, to Sept 4 1940, and that I last saw ~~him~~ alive on Sept 4 1940.

| Immediate cause of death | Duration |
|---|---|
| Cerebral apoplexy | 11 days |
| Due to Arterio Sclerosis | 2 |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr W P Boone (M. D. or other)
Address Frederick, Md. Date signed 9/6/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
OCT 5 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-3)

09612

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County Frederick
City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 60 years
Hospital, Institution, or street address where death occurred: Frederick City Hospital
How long in hospital or institution? 6 weeks

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)
State Maryland County Frederick
City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give nearest town)
Street No. 517 Magnolia Ave (If rural, give LOCATION)
2.(a) If veteran, name war No

**3. (a) FULL NAME** Kate J. Shank

**3. (b) Social Security Number** None

| 4. Sex | 5. Color or race | 6.(a) Single, ~~married, widowed, or divorced~~ |
|---|---|---|
| Female | White | Single |

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) January 23 - 1878

8. AGE: Years 62 | Months 7 | Days 24 | If less than one day ..... hrs. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual occupation Retired School Teacher

11. Industry or business

FATHER 12. Name Reuben D. Shank

13. Birthplace Frederick Md.

MOTHER 14. Maiden name Alice Fauss

15. Birthplace Balto. Md.

16. Informant Mrs. B. Frank Doll

Address Frederick Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Sept 19 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Mt. Olivet Cemetery

Location Frederick Md.

18. Funeral director C. E. Cline & Son

Address Frederick Md.

19. 17 - Sept 1940 (Date rec'd by registrar) Ina J. McCurdy Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16 1940 at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1940, to Sept 15 1940 and that I last saw h[illegible] alive on Sept 13 1940

| Immediate cause of death | DURATION |
|---|---|
| Carcinoma of Liver | 2 |
| Due to — | 1 |
| Due to — | |
| Other conditions — | |

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE E. P. Thomas M. D. or other

Address Frederick Md. Date signed Sept 17 - 40

RECEIVED
OCT 5 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)

## CERTIFICATE OF DEATH

09613

Reg. Diat. No. 130

**1. PLACE OF DEATH:**
County: Frederick
City or town: nr. Buckeystown (rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 yrs.
Hospital, Institution, or street address where death occurred:
Frederick, Md. R. D. # 4
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: rural Buckeystown
(If outside city or town limits, write RURAL and give nearest town)
Street No. Frederick, Md. R. D. # 4
(If rural, give LOCATION)
2.(a) If veteran, name war: none

**3.(a) FULL NAME:** Mrs. Evvie Artimecia Shook

**3.(b) Social Security Number:** none

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| female | white | married |

6.(b) Name of husband or wife: William E. Shook
6.(c) If alive, give age: 67 years
7. Birth date of deceased (mo., day, yr.): Nov. 4, 1876

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 63 | 10 | 11 | hrs. min. |

9. Birthplace: Nr. Feagaville, Fred., Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: At home

FATHER
12. Name: Benjamin F. Zimmerman,
13. Birthplace: Nr. Frederick, Md.

MOTHER
14. Maiden name: Virginia Murray,
15. Birthplace: Nr. Feagaville, Md.

16. Informant: Mr. Wm. E. Shook,
Address: Frederick, Md. R.D. # 4

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9 / 17 / 40 (month) (day) (year)
Cemetery or crematory: St. Lukes Lutheran Cem.,
Location: Feagaville, Md.

16. Funeral director: M. R. Etchison & Son,
Address: Frederick, Maryland.

19. Sept 16 1940 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 15th., 1940, at 1.45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1940, to Sept 15 1940
and that I last saw him alive on Sept 15 1940

| | DURATION |
|---|---|
| Immediate cause of death: Cardiac Decompensation | 10 days |
| Due to: Myocarditis | 5 Years |
| Due to: Intestinal Nephritis | 5 Years |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Frank H. Hepp M. D. or other
Address: Frederick, Md. Date signed: 9/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 2 1940
U. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (132) Reg. Dist. No. 139

09614

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City or town Sanatorium. Md. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: State Sanatorium.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10Mos25Days
(e) Length of stay in this community (yrs., mos., or days) 10Mos25Days

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Maryland (b) County Allegany
(c) City or town Cumberland. (If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. 2 Christie Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME: Effie N Spencer

3 (b) If veteran, name war

3 (c) Social Security No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George H Spencer

6. (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Dec. 15 1885

8. AGE: Years 54 | Months 8 | Days 22 | If less than one day _____hr. _____min.

9. Birthplace Allegany Co. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joseph McCoy
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Effie N Spencer
(b) Address Cumberland. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9 1940 (month) (day) (year)
(c) Cemetery or crematory _____
Location Robinsville Penna.

18 (a) Funeral director John C. Wolford
(b) Address Cumberland, Md.

19 (a) 9/6/40 (Date rec'd by Registrar) (b) _____ Registrar

## MEDICAL CERTIFICATION

20. Date of death Sept 6 1940, at 10.10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 39, to Sept 6 40, and that I last saw him alive on Sept 6 40

| Immediate cause of death | Duration |
|---|---|
| Pulmonary Tuberculosis | 1Yr. |
| Due to Tubercle Bacilli | |
| Due to | |
| Other conditions Tuberculous Laryngitis | |
| Diabetes Mellitus (Include pregnancy within 3 months of death) | |

Major findings:
Of operations none
Of autopsy none

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature John E. Goodpasture M.D. (M. D. or other)
Address State Sanatorium, Md Date signed 9/6/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I) MARGIN RESERVED FOR BINDING

ECEIVED
OCT 4 1940
EAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09615

## CERTIFICATE OF DEATH

Reg. Diat. No. 131

**1. PLACE OF DEATH:**
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 mo 1 day
Hospital, Institution, or street address where death occurred:
185 W. All Saints St.,
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick, Saint St.,
(If outside city or town limits, write RURAL and give nearest town)
Street No. 185 W. All Saints St.,
(If rural, give LOCATION)
2.(a) If veteran, name war none

**3.(a) FULL NAME** Doris Louise Tonsil

**3.(b) Social Security Number** none

| 4. Sex | 5. Color or race | 6.(a) Single, ~~married, widowed, or divorced~~ |
|---|---|---|
| female | colored | single |

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 1940

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 0 | 6 | 1 | hrs. min. |

9. Birthplace Frederick, Fred., Md.
(Town, county, and state)

10. Usual occupation infant

11. Industry or business

FATHER
12. Name John W. Tonsil,
13. Birthplace Frederick, Maryland.

MOTHER
14. Maiden name Helen Armstead.
15. Birthplace Frederick, Maryland

16. Informant John W. Tonsil,
Address Frederick, Maryland

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 9 / 16 / 40 (month) (day) (year)
Cemetery or ~~crematory~~ Fairview Cemetery
Location Frederick, Maryland

18. Funeral director M. R. Etchison & Son,
Address Frederick, Maryland.

19. 16-Sept 1940 (Date rec'd by registrar) Dora J. McCurdy Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15th., 1940, at 3.15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-14 1940, to 9-14 1940
and that I last saw her alive on 9-14-40 1940

Immediate cause of death Broncho Pneumonia — DURATION: Unknown

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE U. C. Bourne Jr M.D.
M. D. or other
Address Frederick, Md. Date signed 9/16/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

# CERTIFICATE OF DEATH

09616

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County Frederick
~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2 days
Stay in this community (yrs., or mos., or days) Life

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Frederick
~~City or town~~ Thurmont Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Franklinville
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

**3. (a) FULL NAME** Milton Lucker

**3. (b) Social Security Number** 213-18-1850

| 4. Sex | 5. Color or race | 6. (a) ~~Single~~, married, ~~widowed, or divorced~~ |
|---|---|---|
| Male | White | Married |

6 (b) Name of ~~husband~~ or wife Flora Alvis Lucker

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) May 19 - 1875

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 65 | 3 | 18 | ____ hrs. ____ min. |

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Edward Lucker
13. Birthplace Md.

MOTHER
14. Maiden name Sarah Null
15. Birthplace Md.

16. Informant Miss Adelsberger, Emergency
Address Hospital Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept (month) 10 (day) 1940 (year)
Cemetery or ~~crematory~~ U B Cemetery
Location Thurmont Md.

18. Funeral director Hillside & Creager
Address Thurmont Md.

19. 9-Sept 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 7 1940, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 16 1940 to Sept. 7 1940, and that I last saw him alive on Sept. 7 1940.

| | DURATION |
|---|---|
| Immediate cause of death | |
| Coronary Thrombosis | 2 days |
| Due to | |
| Eclamsia - Nephritis | 2 yrs |
| Due to | |
| | |
| Other conditions | |
| | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R O Thomas M. D. or other
Address Frederick, Md Date signed 9/7/40

RECEIVED
OCT 5 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (115-E)

09617

# CERTIFICATE OF DEATH

Reg. Dist. No. 138

**1. PLACE OF DEATH:**

County Frederick

City or town Monrovia

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 61 yr. 25 da

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Monrovia Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** LILLY MAY UMBERGER.

**3. (b) Social Security Number**

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: John W. Umberger

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): September 5, 1879

**8. AGE:** Years 61 | Months — | Days 25 | If less than one day ____ hrs. ____ min.

9. Birthplace: Montgomery Co Md. (Town, county, and state)

10. Usual occupation: house wife.

11. Industry or business

FATHER

12. Name: Joseph Burdett

13. Birthplace: Montgomery Co Md.

MOTHER

14. Maiden name: Bell Watkins

15. Birthplace: Montgomery Co Md.

16. Informant: John W. Umberger, Jr. Son.

Address: Monrovia Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 2. 1940 (month) (day) (year)

Cemetery or crematory: Bethesda Nr. Browingsville Md.

Location

18. Funeral director: W. E. Falconer

Address: New Market. Md.

19. Oct 1 1940 (Date rec'd by registrar) Lucian K. Falconer Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 30, 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 27 1940 to Sept 30 1940, and that I last saw her alive on Sept 30, 1940.

Immediate cause of death: Hem. Streptococcus sore throat.

DURATION: 3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Ernest P. Roop, M.D. M. D. or other

Address: New Market, Md. Date signed Oct 1, 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (I) (T)

RECEIVED
OCT 5 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

09618

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

**1. PLACE OF DEATH:**

County Frederick

City or ~~town~~ Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7mo. 28 days

Hospital, Institution, or street address where death occurred:

XXXXXXXXXXX Frederick City Hospital

How long in hospital or institution? five minutes

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Maryland County Frederick

City or ~~town~~ Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 205 Maple Ave.,

(If rural, give LOCATION)

2.(a) If veteran, name war none

**3.(a) FULL NAME** Franklin Eugene Wolfe

**3.(b) Social Security Number** none

| 4. Sex | 5. Color or race | 6.(a) Single, ~~married, widowed, or divorced~~ |
|---|---|---|
| male | white | single |

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1940

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 0 | 7 | 18 | ..... hrs. ..... min. |

9. Birthplace Frederick, Fred., Md.
(Town, county, and state)

10. Usual occupation At home

11. Industry or business

FATHER 12. Name H. R. Wolfe,

13. Birthplace Frederick, Maryland.

MOTHER 14. Maiden name Pauline Cole,

15. Birthplace Frederick, Maryland.

16. Informant Mr. H. R. Wolfe,

Address 205 Maple Ave.,Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 9 / 24 / 40 (month) (day) (year)

Cemetery or ~~crematory~~ Mount Olivet Cemetery

Location Frederick, Maryland.

18. Funeral director M. R. Etchison & Son,

Address Frederick, Maryland.

19. 23-Sept 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH September 22, 1940 at 1:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-21- 1940, to 9-21 1940

and that I last saw h.~~im~~ alive on 9-21 1940

| | DURATION |
|---|---|
| Immediate cause of death Bronchopneumonia | 1 day |
| Due to Measles | Contracted |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE H. Y. Bourne Jr. M.D.
M. D. or other

Address Frederick, Maryland Date signed 9/22/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 5 1940
BUREAU V. S.